



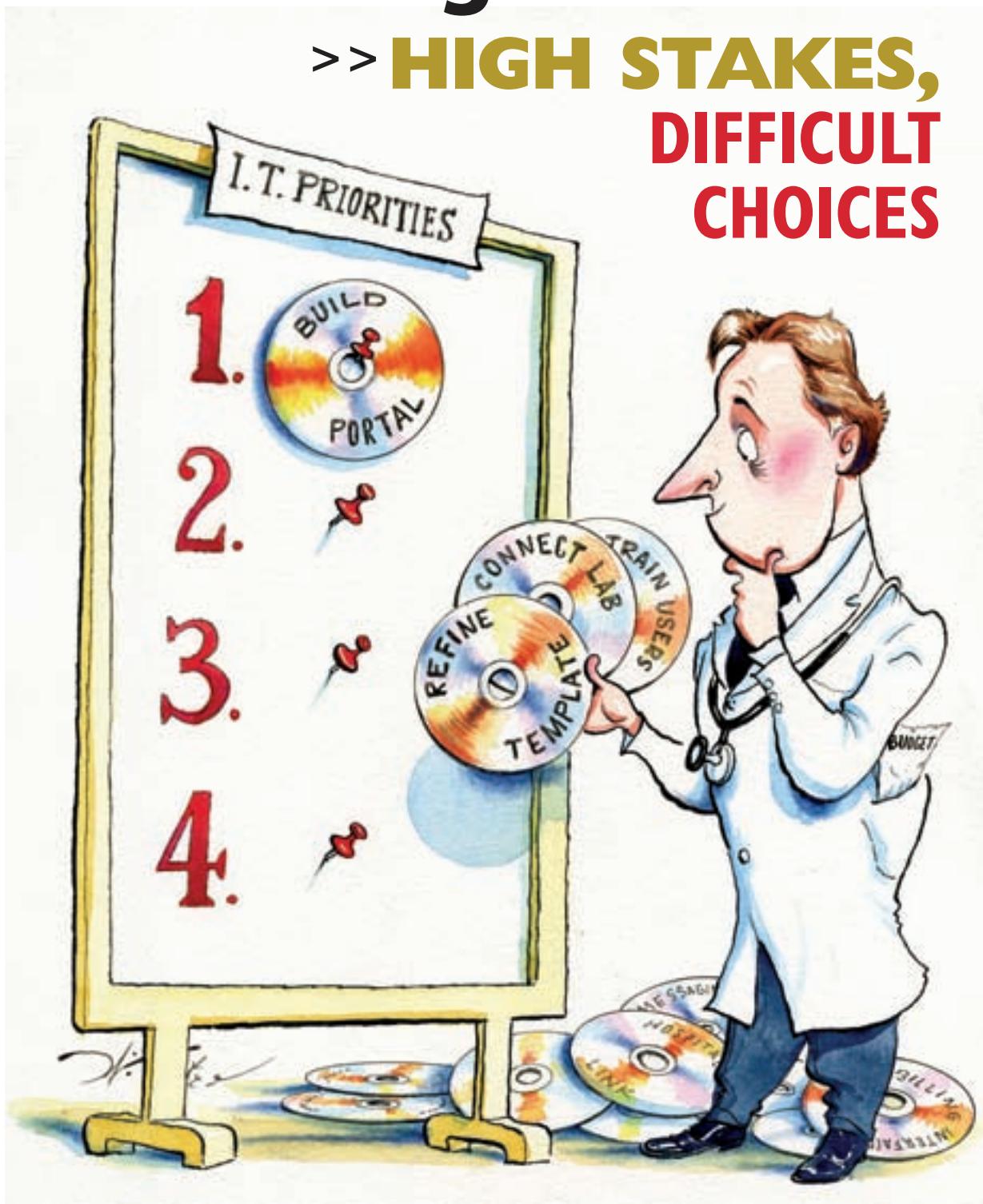
HealthData

Management

October 2008

healthdatamanagement.com

>> **HIGH STAKES,
DIFFICULT
CHOICES**



HIGH STAKES, DIFFICULT CHOICES

**Physician groups embracing EHRs face a plethora of options.
Some adopters share their top priorities.**

By Gary Baldwin

Long choked with paper, and burdened with workflows that they don't fully understand, physicians in group practices have good reason to embrace electronic health records and integrated practice management systems. No wonder they may think of the automated chart

as digital candy. And they want to try as many high-tech features as possible.

"There are many more priorities than anyone could actually do," sighs Carol Dresser, system director of information systems at Boston-based Hallmark Health. The two-hospital community delivery sys-

tem is in the early stages of delivering EHRs to its 400 affiliated physicians. But as Dresser—and many other EHR veterans—point out, the sky is not the limit when it comes to selecting vendors, deploying systems and figuring out long-term strategic goals.

An I.T. newcomer faces 'big time' reservations

Practice: Park City Healthcare

Location: Park City, Utah

Priority 1: Get the right vendor

When Bill Pidwell began the hunt for an EHR vendor for Park City (Utah) Healthcare early this year, he knew exactly what he wanted. Doubling as CFO at the 10-physician family practice, Pidwell wanted a system that was: a) affordable; b) user-friendly; and c) integrated clinical documentation with practice management functions.

After considering some 10 vendors, Pidwell opted for Carrollton, Ga.-based iMedica. Although Pidwell's contract prohibits him from revealing the cost, he did say that the vendor's initial quote—about \$37,000 in start-up costs—was "steeply discounted." That was largely his own doing, as the cost-conscious CFO pitted iMedica against runner-up Greenway Medical Technologies, Carrollton, Ga. "The two systems were close enough, so I played hardball," he recalls. "iMedica decided they wanted a foothold in Utah and figured we would be a good starting point."

But money was not Pidwell's only priority. He knew that any system would need to be easy to use, or it would never fly among his colleagues. "They had big-time reservations. They worried it would slow them down."

The vendor left a tablet PC loaded with the system at the group's disposal. The soft sell worked. "I was happy with it after two hours, so that was a good sign," Pidwell says.

Type: 10-physician family medicine

EHR Experience: Just beginning

Other software vendors, including Westborough, Mass.-based eClinicalWorks and Waukesha, Wis.-based GE Healthcare, did not pass muster, so they fell by the wayside during the evaluation.

Park City's new software, which the practice is rolling out now, easily swaps data between the clinical note and the practice management side. For example, it has a feature that enables the front desk staff to scan the bar code on a patient's driver's license and import the data automatically. Because the practice serves many tourists in the ski resort, that feature is valuable, Pidwell says. He also was lured by the technology's built-in patient education materials.

Despite the potential, Pidwell knows the next few months will be challenging. "Our first priority will be getting physicians comfortable with the EHR. We want them to go from paper charts to the EHR without throwing the tablet across the room."

Pidwell's already cooking up ways to accomplish that. Using practice management data, he wants to revamp the group's compensation scheme to include production-based bonuses. His other long-term goal is wrapped around quality. "The EHR will provide electronic reminders for health maintenance, such as follow-ups for labs and annual physicals. We want to enhance our patient call-back system. Right now we have no way of doing that. That is poor medicine."

iMedica Corporation
3330 Keller Springs Road, Suite 201
Carrollton, TX 75006
866-960-6890 opt. # 7 or salesinfo@imedica.com
www.imedica.com

